

Supplemental Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD_R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence Submission::	No
Computer Readable Form (CRF)?::	No
Title::	INHALATION THERAPY DEVICE
Attorney Docket Number::	12684.12USWO
Request For Early Publication::	No
Request For Non-Publication::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	2
Small Entity::	No
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Germany
Status:: Full Capacity
Given Name:: Titus
Middle Name::
Family Name:: SELZER
Name Suffix::
City of Residence:: München
State or Province of Residence::
Country of Residence:: Germany
Street of mailing address:: Fürstenriederstrasse 141
City of mailing address:: München
State or Province of mailing address::
Country of mailing address:: Germany
Postal or Zip Code of mailing address:: 80686

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Germany
Status:: Full Capacity
Given Name:: Jürgen
Middle Name::
Family Name:: PFRANG
Name Suffix::
City of Residence:: ~~Germering~~ Kallmünz
State or Province of Residence::
Country of Residence:: Germany
Street of mailing address:: ~~Marktstrasse 14~~ Josef-Miller-Strasse 7

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City of mailing address:: ~~Germering~~ Kallmünz
State or Province of mailing address::
Country of mailing address:: Germany
Postal or Zip Code of mailing address:: ~~82440~~ 93183

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Germany
Status:: Full Capacity
Given Name:: Markus
Middle Name::
Family Name:: MORNHINWEG
Name Suffix::
City of Residence:: Diessen
State or Province of Residence::
Country of Residence:: Germany
Street of mailing address:: Von-Eichendorff-Strasse 43-B
City of mailing address:: Diessen
State or Province of mailing address::
Country of mailing address:: Germany
Postal or Zip Code of mailing address:: 86911

Correspondence Information

Correspondence Customer Number:: 23552

Representative Information

<u>Representative Customer Number::</u>	23552
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Domestic Priority Information

Application::	Continuation Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/EP03/007114	07/03/03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
Germany	102 29 889.0	07/03/02	Yes

Assignee Information

Assignee Name:: PARI GMBH SPEZIALISTEN FÜR EFFEKTIVE
INHALATION
Street of mailing address:: Moosstrasse 3
City of mailing address:: Starnberg
State or Province of mailing address::
Country of mailing address:: Germany
Postal or Zip Code of mailing address:: 82319